

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591583

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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59						
60			/	/		
61				/		
62				/		
63				/		
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65				/		
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67				/		
68				/		
69				/		
70				/		
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75				/		
76				/		
77				/		
78				/		
79				/		
80				/		
81				/		
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87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/59/583

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				/		
102				/		
103				/		
104				/		
105				/		
106				/		
107				/		
108				/		
109				/		
110				/		
111				/		
112				/		
113				/		
114				/		
115				/		
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150						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	57	←		←
TOTAL CLAIMS			59			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
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197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						